

N49812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

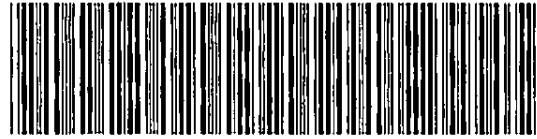
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C. GOLDEN  
APR -6 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** JCAD CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** N49812

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

WILLIAM D. GIBSON  
Name of Contact Person

JACD CORPORATION  
Firm/Company

44 NOTTINGHAM WAY  
Address

HAINES CITY, FLORIDA 33844  
City/State and Zip Code

dave.gibson71@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William D. Gibson at ( 231 ) 670-1093  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED

2019 FEB 15 PM 12:11

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

CR2E045 (03/12)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2019

WILLIAM D. GIBSON  
44 NOTTINGHAM WAY  
HAINES CITY, FL 33844

SUBJECT: JCAD CORPORATION  
Ref. Number: N49812

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The entity's date of incorporation/organization must be listed in the document.

Please complete number 5.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 119A00005252

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

**JCAD CORPORATION**

- 1. The name of the corporation: \_\_\_\_\_
- 2. The principal office address: 433 FLORIDA AVE.  
HAINES CITY, FLORIDA 33844-0670
- 3. The mailing address (if different): P. O. BOX 670  
HAINES CITY, FLORIDA 33845-0670
- 4. Date of incorporation/qualification: 07/10/1992 Document number: N49812
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Salazar, John F  
433 West Florida Ave,  
Haines City, FL 33844

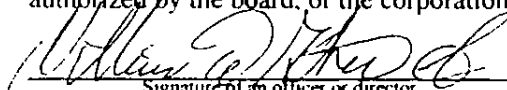
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

THOMAS HINES  
381 PLANTATION LANDINGS  
P.O. Box NOT acceptable  
HAINES CITY, FL 33844-6354

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 Signature of an officer or director

WILLIAM D. GIBSON, Board Member  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
 Signature of Registered Agent

03/25/2019 4/3/2019  
 Date

If signing on behalf of an entity:

THOMAS HINES  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*